

RELEASED IN FULL

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ORDER FOR SUPPLIES OR SERVICES			RATING	
IMPORTANT: Mark all packages and papers with contract and/or order numbers.				
1. DATE OF ORDER 02/04/2009		2. CONTRACT NO. (if any) SAQMMMA08D0051		3. SHIP TO:
3. ORDER NO. SAQMMMA09F0551		4. REQUISITION/REFERENCE NO. AQ 1044905070		5. NAME OF CONSIGNEE GENERAL SRVCS DIV (CA/EX/GSD)
5. ISSUING OFFICE (Address correspondence to) OFFICE OF ACQUISITION MANAGEMENT (A/LM/AQM) PO BOX 9115, ROSSLYN STATION US DEPARTMENT OF STATE ARLINGTON, VA 22219		6. STREET ADDRESS 2401 E STREET, NW SA-1, ROOM H1001		
		7. CITY WASHINGTON		
		8. STATE DC		
9. ZIP CODE 20520		10. TYPE OF ORDER		
11. NAME OF CONTRACTOR Jonathan Barker		12. DUNS NUMBER 144202843		
13. COMPANY NAME STANLEY ASSOCIATES INC		14. TYPE OF ORDER <input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY - Except for filling instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is bound subject to the terms and conditions of the above-numbered contract.		
15. STREET ADDRESS 3101 WILSON BLVD STE 700		16. REQUISITIONING OFFICE GENERAL SRVCS DIV (CA/EX/GSD) 2401 E STREET, NW SA-1, ROOM H1001 WASHINGTON, DC 20520		
17. CITY ARLINGTON		18. STATE VA		
19. ZIP CODE 22201-4445		20. TYPE OF ORDER <input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY - Except for filling instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is bound subject to the terms and conditions of the above-numbered contract.		
21. ACCOUNTING AND APPROPRIATION DATA 1900 - 2009 - 19 X01130006 - CA - 1044 - 4220 - 2589 - CAR25L - 289300		22. F.O.B. POINT		
23. BUSINESS CLASSIFICATION (Check appropriate boxes) <input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> e. WOMEN-OWNED <input type="checkbox"/> f. HUBZONE <input type="checkbox"/> g. EMERGING SMALL BUSINESS		24. DELIVERY TO F.O.B. POINT ON OR BEFORE (Date) 01/29/2009		
25. PLACE OF a. INSPECTION b. ACCEPTANCE		26. DISCOUNT TERMS Buyer:0 Days:0 Days:0		
17. SCHEDULE (See reverse for Rejections)				

SEE LINE ITEMS SECTION

18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.	
21. MAIL INVOICE TO		22. NAME GLOBAL FIN. SVCS (RM/GFS/ADQ/FM) CHARLESTON, SOUTH		23. TOTAL \$9,000,000.00	
24. STREET ADDRESS (or P.O. Box) PO BOX 150008; Fax To: 1-866-483-3436 OFFICE OF CLAIMS (RM/GFS/F/C)		25. CITY CHARLESTON		26. ZIP CODE 29415-5008	
27. UNITED STATES OF AMERICA BY (Signature) <i>Reaver Clements</i>		28. NAME (Typed) Reaver Clements		29. TITLE CONTRACTING/ORDERING OFFICER	

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLEOPTIONAL FORM 347 (REV. 3/2005)
Prescribed by GSA FPMR (41 CFR 101-11.6)UNITED STATES DEPARTMENT OF STATE
REVIEW AUTHORITY: CHARLES E LAHIGUERA
DATE/CASE ID: 17 SEP 2010 200702174

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Line Item Summary	Contract Number: SAQMMMA08D0051	Order Number: SAQMMMA08F0551	Title: Stanley Contract Task 3		Total Funding: \$9,000,000.00	Date of Order: 02/04/2009
Line Item No.	Description		Quantity	Unit	Unit Price	Total Cost
	Provide Incremental Funding in the amount of \$9,000,000.00 to cover services for the Base Year period covering March 20, 2008 through March 19, 2009 for Task 3 as follows: Refer to previous order SAQMMMA08F4258 through Mode M002.					
001	Base Year for Passport Services, Domestic Support Contract No. SAQMMMA08D0051, period of performance through March 19, 2009 for TASK 3, CA/PPT Agency and HQ Operational Support, CLIN No. 0004 Doc Ref No: 1044905070 Taxes Included: Delivery Date: 03/28/2009 Funding Information: Accounting Ref: 1044905070 \$9,000,000.00 FOB: Destination		1.00	LT	\$9,000,000.00	\$9,000,000.00
GTM for this effort: Eric Fisher						
Grand Total:					\$9,000,000.00	

Exhibits and Attachments TOC

Identifier	Title	Date	Number of Pages
1	AQ-1044905070-01292009092837048/Stanley Task 3.pdf	01/28/2009	0

01INV DEPARTMENT OF STATE INVOICE INSTRUCTIONS 10/30/2008

Invoice submission is only via the Office of Claims' Commercial Claims Operations fax server, toll-free number: 866-483-3436, unless otherwise indicated. Each invoice must be transmitted separately.

To constitute a proper invoice, the invoice must include the following information and/or attached documentation:

(1) Name and Address of the Contractor

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- (2) Dun and Brad Street Universal Number System (DUNS)
- (3) Date of invoice
- (4) Unique Vendor Invoice Number
- (5) Remittance Contact Information
- (6) Shipping Terms, Ship to Address
- (7) Payment Terms
- (8) Total Quantity of Items
- (9) Total Invoice Amount
- (10) Requisition Number, Contract Number and Order/Award Number, with modification number if applicable.
- (11) Order line item number and information (see below instructions) The name and DUNS of the contractor on the invoice must match the information indicated on the order/award for proper payment.

IMPORTANT: For proper payment, the invoice must detail products and/or services delivered on a line item basis in direct accordance with the corresponding order/award/contract. Each line item must contain the following information:

- (1) Description of the services rendered for each line item
- (2) Line Item Quantity
- (3) Line Item Unit Price
- (4) Total Line Item Invoicing Amount
- (5) Delivery Date
- (6) Contract Line Item Number (CLIN)
- (7) Order/Award Line Item Number if invoicing against a task or delivery order or Blanket Purchase Agreement (BPA)

Please note that many task or delivery orders against Department of State or GSA contracts or blanket purchase agreements may have a separate and unique line item number in addition to the umbrella Contract Line Item Number (CLIN). The order line item number as well as the umbrella award CLIN must be referenced at each invoice line item level in such cases.

All payment to domestic claims will be disbursed by electronic funds transfer EFT. Vendors who are registered in the Central Contractor Registration (CCR) should verify and re-confirm their financial information in the database prior to invoicing. Vendors who wish to request a waiver of CCR or payment by check must submit their justification to their assigned contracting officer for consideration at least 30 days prior to billing. For vendors who are granted an EFT exception, the payment address on the invoice must match the remittance address in the vendor record cited in the award.

Additional correspondence should be addressed to:

Name: U.S. Department of State
Global Financial Services
Attn: Office of Claims (RM/GFS/F/C)
Charleston Financial Service Center

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Mailing Address:

Post Office Box 150008

Charleston, SC 29415-5008

Telephone Numbers:

Director's Secretary Voice 843-202-3761

Fax 843-746-0749

Official Office Hours: 8:00 am – 5:00 pm

To request Payment Status on a Past Due Invoice contact:

Office of Claims Customer Service

Email: commercialclaims@state.gov

Phone: 877-704-9473 Toll Free

Person to Contact: Supervisor, Vendor Claims

Email: GFS-ChiefVC@state.gov

Phone: 843-202-3881

(End of clause)

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